

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729935 (7)
1. Corporation Name
OKEECHOBEE COUNCIL ON AGING, INC.



Principal Place of Business 230 S BARFIELD HWY PAHOKEE FL 33476	Mailing Address 230 S BARFIELD HWY PAHOKEE FL 33476-1834
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3. Date Incorporated or Qualified 06/13/1974	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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4. FEI Number 59-1544835	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
AKINS, KENNETH
9750 HWY. 78
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	LANGEVIN, LILLIAN	1.2 NAME	Myrtle Cowin
STREET ADDRESS	427 NE 31ST TERR	1.3 STREET ADDRESS	4351 SE 26th St
CITY-ST-ZIP	OKEECHOBEE FL 34972	1.4 CITY-ST-ZIP	Okeechobee, Fl 34974
TITLE	D	2.1 TITLE	D
NAME	STONER, MARTHA	2.2 NAME	Merle Usher
STREET ADDRESS	3513 SE 35TH AVE	2.3 STREET ADDRESS	3107 SE 37th Ave
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	Okeechobee, Fl 34974
TITLE	D	3.1 TITLE	
NAME	HEALEY, MARY	3.2 NAME	
STREET ADDRESS	1350 NE 39TH BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BARNSTEAD, ELLEN	4.2 NAME	
STREET ADDRESS	6468 HIGHWAY 441 SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	DARVILLE, MAXCINE	5.2 NAME	
STREET ADDRESS	11 LINDA GARDENS BHR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	AKINS, KENNETH	6.2 NAME	
STREET ADDRESS	7950 HWY. 78	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E037 (9/96)